

08/03/01

J1059 U.S. PTO

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

PF112P6

First Inventor

COLEMAN, Timothy A.

Title

**Vascular Endothelial Growth  
Factor-2**

Express Mail Label No.

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

 Commissioner for Patents  
 Box Patent Application  
 Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17) (in dupl.)  
 (Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
 See 37 CFR 1.27.
3. ☒ Specification [Total Pages 155]  
 (preferred arrangement set forth below)  
 - Descriptive title of the Invention  
 - Cross Reference to Related Applications  
 - Statement Regarding Fed sponsored R & D  
 - Reference to sequence listing, a table,  
 or a computer program listing appendix  
 - Background of the Invention  
 - Brief Summary of the Invention  
 - Brief Description of the Drawings (if filed)  
 - Detailed Description  
 - Claim(s)  
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113)  
 31 Figures - [Total Sheets 55]
5. ☒ Oath or Declaration (unexecuted) [Total Pages 2]  
 a. ☐ Executed (original or copy)  
 b. ☐ Copy from a prior application (37 CFR 1.63(d))  
 (for continuation/divisional with Box 17 completed)  
 i. ☐ **DELETION OF INVENTOR(S)**  
 Signed statement attached deleting inventor(s) named in  
 the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76. (3 pp.)

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☒ Nucleotide and/or Amino Acid Sequence Submission  
 (if applicable, all necessary)  
 a. ☒ Computer Readable Form (CRF)  
 b. ☒ Specification Sequence Listing on:  
 i. ☐ CD-ROM or CD-R (2 copies); or  
 ii. ☒ paper  
 c. ☒ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet and document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement/ Form PTO/SB/08  
☐ Copies of Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
 (should be specifically itemized)
15. ☐ Certified copy of Priority Document(s)  
 (if foreign priority is claimed)
16. ☐ Other:

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No:  
 Prior application information Examiner Group/Art Unit.

For CONTINUATION OR DIVISIONAL APPS only The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

## 18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

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or ☐ Correspondence address below

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COUNTRY

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NAME (Print/Type) Michele M. Wales

Registration No. (Attorney/Agent) 43,975

SIGNATURE

Date 8/3/01

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="margin: 5px 0;"><i>Patent fees are subject to annual revision.</i></p>		<b>Complete if Known</b>		
		Application Number	To be assigned	
		Filing Date	August 3, 2001	
		First Named Inventor	COLEMAN, Timothy A.	
		Examiner Name	To be assigned	
		Group Art Unit	To be assigned	
Total amount of payment		<b>\$ 710.00</b>	Attorney Docket Number	PF112P6

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																																																																				
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <b>08-3425</b></p> <p>Deposit Account Name <b>Human Genome Sciences, Inc.</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other*</p>	<p><b>3. 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<b>Submitted By</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	Michele M. Wales	Registration No.:	43,975
Signature:	<i>Michele M. Wales</i>	Telephone	301-610-5772
		Date:	Aug 3, 2001

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